

Department of Human Resources
Statewide Benefits Office
CDH Gold Plan HRA Fund End-of-Plan Year Claim Processing
Plan Year = July 1 to June 30
Health Care Carrier (Carrier) = Aetna

A significant component of the CDH Gold Plan is the State-funded Health Reimbursement Arrangement (HRA) Fund for an individual at \$1,250 and family at \$2,500 per plan year. The carrier of the CDH Gold Plan is Aetna. The following scenarios show the impact on the Fund based on when and how claims are incurred and paid.

- If subscriber **continues enrollment** in the CDH Gold Plan from one plan year to the next **and has used all Fund dollars** as of the end of the plan year, then Fund dollars for the new plan year are re-set at \$1,250 for individual or \$2,500 for family. If claims incurred in the previous plan year are submitted after the start of the new plan year, the subscriber is responsible for paying the remainder of the deductible, if any, from the previous plan year before the plan begins to pay a portion of the subscriber's expenses. The deductible amounts are \$1,500 single and \$3,000 family. After the deductible is satisfied, the CDH Gold Plan then pays 90% for in-network claims and 70% for out-of-network claims. Funds for the new plan year cannot be used to pay the previous plan year expenses.
- If subscriber **continues enrollment** in the CDH Gold Plan from one plan year to the next **and has not used all Fund dollars** as of the end of the plan year, then unused Fund dollars from the previous plan year are added to Fund dollars for the new plan year. If outstanding claims incurred in the previous plan year are submitted to Aetna within 90 days after the start of the new plan year, the allowable claim expense will be automatically deducted from the available Fund first. The subscriber is then responsible for paying the rest of the deductible, if any, before the CDH Gold Plan begins to pay a portion of the subscriber's expenses. For the plan year, the deductible amounts are \$1,500 single and \$3,000 family. After the deductible is satisfied, the CDH Gold Plan then pays 90% for in-network claims and 70% for out-of-network claims.
 - Claims for reimbursement from the Fund can be made more than 90 days after the end of the plan year in which the claim was incurred. Only funds available from the applicable plan year in which the claim was incurred will be applied to the claim.
- If subscriber **does not continue enrollment** in the CDH Gold Plan from one plan year to the next, **has used all Fund dollars** as of the end of the plan year and outstanding claims incurred in the previous plan year are submitted to Aetna after the start of the new plan year, then the subscriber is responsible for any balance of the \$1,500 single deductible and \$3,000 family deductible. Once the deductible is satisfied, then the CDH Gold Plan pays 90% for in-network claims and 70% for out-of-network claim.

- If subscriber **does not continue enrollment** in the CDH Gold Plan from one plan year to the next, **has not used all Fund dollars** as of the end of the plan year and outstanding claims incurred in the previous plan year are submitted to Aetna after the start of the new plan year, the allowable claim expense will be automatically deducted from the available Fund first. The subscriber is then responsible for paying the any remainder of the deductible before the CDH Gold Plan begins to pay a portion of the subscriber's expenses. For the plan year, the deductible amounts are \$1,500 single deductible and \$3,000 family. The CDH Gold Plan then pays 90% for in-network claims and 70% for out-of-network claims.

Information on the CDH Gold Plan, current Fund balances, deductible, status of claims may be obtained by contacting Aetna Customer Services at 1-877-542-3862 or www.Aetna.com.

Revised 3-17
Revised 11-18

T/Benefit Programs/Health/Aetna/Website Docs/CDH Plan Documents